

<i>SERFF Tracking Number:</i>	<i>AOIC-127019819</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47908</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>AR-LTC-ANN-REP-2/11</i>		
<i>Project Name/Number:</i>	<i>AR-LTC-ANN-REP-2/11/</i>		

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: AR-LTC-ANN-REP-2/11

SERFF Tr Num: AOIC-127019819

State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Accepted

State Tr Num: 47908

For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num:

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Harris Shearer,

Stephanie Fowler

Author: Tonia Skaar

Disposition Date: 02/18/2011

Date Submitted: 02/04/2011

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: AR-LTC-ANN-REP-2/11

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/18/2011

State Status Changed: 02/18/2011

Created By: Tonia Skaar

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tonia Skaar

Filing Description:

Attached are our annual long term care reports

Company and Contact

Filing Contact Information

Tonia Skaar,

skaar.tonia@aoins.com

544 Cherbourg Dr.

517-323-1201 [Phone] 2054 [Ext]

Ste 200

Lansing, MI 48917-5009

SERFF Tracking Number: AOIC-127019819 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 47908
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR-LTC-ANN-REP-2/11
Project Name/Number: AR-LTC-ANN-REP-2/11/

Filing Company Information

Auto-Owners Life Insurance Company	CoCode: 61190	State of Domicile: Michigan
P.O. Box 30325	Group Code: 280	Company Type: LAH
Lansing, MI 48917	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-1814333	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$0.00	02/04/2011	

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<i>Project Name/Number:</i>	<i>AR-LTC-ANN-REP-2/11/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/18/2011	02/18/2011

<i>SERFF Tracking Number:</i>	<i>AOIC-127019819</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>AR-LTC-ANN-REP-2/11/</i>		

Disposition

Disposition Date: 02/18/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-127019819	State:	Arkansas
Filing Company:	Auto-Owners Life Insurance Company	State Tracking Number:	47908
Company Tracking Number:			
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	AR-LTC-ANN-REP-2/11		
Project Name/Number:	AR-LTC-ANN-REP-2/11/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Claims denial form	Accepted for Informational Purposes	Yes
Supporting Document	Replacement filing form	Accepted for Informational Purposes	Yes
Supporting Document	Rescission filing form	Accepted for Informational Purposes	Yes
Supporting Document	Suitability filing form	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	informational filing only		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Informational filing only		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Informational filing only no rates included		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Informational filing only		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Claims denial form	Accepted for Informational Purposes	02/18/2011
Comments:	attached please find our Claims Denial form for Long-Term Care		
Attachment:	claims denial.pdf		

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Project Name/Number:	AR-LTC-ANN-REP-2/11/		

	Item Status:	Status
		Date:
Satisfied - Item: Replacement filing form	Accepted for Informational Purposes	02/18/2011
Comments:		
Attached please find our Replacement filing form for Long-Term Care		
Attachment:		
replacement.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Rescission filing form	Accepted for Informational Purposes	02/18/2011
Comments:		
Attached please find our Rescission filing form		
Attachment:		
rescission.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Suitability filing form	Accepted for Informational Purposes	02/18/2011
Comments:		
Attached please find our Suitability filing form for Long-Term Care.		
Attachment:		
suitability.pdf		

APPENDIX E

Claims Denial Reporting Form Long-Term Care Insurance

For the State of ArkansasFor the Reporting Year of 2010
Due: June 30 annuallyCompany Name: Auto-Owners Insurance Co.Company Address: 6001 ANACAPPE BLVD
LANSING MI 48909

Company NAIC Number:

Contact Person: Charity Sullivan Phone Number: (517) 703-5270Line of Business: ☒ Individual ☐ Group**Instructions**

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	0	8
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	4
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	4
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	50%
7	Number of Long-Term Care Claim Denied due to:	0	4
8	• Long-Term Care Services Not Covered under the Policy ²	0	0
9	• Provider/Facility Not Qualified under the Policy ³	0	0
10	• Benefit Eligibility Criteria Not Met ⁴	0	4
11	• Other	0	0

- The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
- Example—home health care claim filed under a nursing home only policy.
- Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

REPLACEMENT AND LAPSE REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of **ARKANSAS**

For the Reporting Year of **2010**

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY

DUE: June 30, 2011

COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909

COMPANY NAIC NUMBER: 0280-61190

CONTACT PERSON: KARIN DEWLEY

TELEPHONE NUMBER: (517) 886-1920

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent Name	Number of Policies sold By This Agent	Number of Policies Replaced by This Agent	Number of Replacements as % of Number Sold By This Agent
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Nothing to report

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent Name	Number of Policies sold By This Agent	Number of Policies Lapsed by This Agent	Number of Lapsed as % of Number Sold By This Agent
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Nothing to report

COMPANY TOTALS

Percentage of Replacement Policies Sold to Total Annual Sales 0.00%

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.00%

Percentage of Lapsed Policies to Total Annual Sales 0.00% Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0.00%

**RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES FOR THE STATE OF
ARKANSAS FOR THE REPORTING YEAR 2010**

Company Name: AUTO-OWNERS LIFE INSURANCE COMPANY

Address: PO BOX 30325, LANSING, MI 48909

Phone Number: (517) 886-1920

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

POLICY FORM #	POLICY AND CERTIFICATE #	NAME OF INSURED	DATE OF POLICY ISSUANCE	DATE/S CLAIM/S SUBMITTED	DATE OF RESCISSION
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DETAILED REASON FOR RESCISSION:
NO INFORMATION TO REPORT

SIGNATURE: 

NAME AND TITLE: KRISTIN DAVIS, COMPLIANCE SPECIALIST

SUITABILITY STANDARDS REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS

For the Reporting Year of 2010

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY

DUE: June 30, 2011

COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909

COMPANY NAIC NUMBER: 0280-61190

CONTACT PERSON: KARIN DEWLEY

TELEPHONE NUMBER: (517) 886-1920

Number of applications received:	4
Number declined information on personal worksheet:	0
Number of applicants who did not meet Suitability Standards:	0
Number of applicants not meeting Suitability; but, wanted coverage:	0